

Permit # \_\_\_\_\_

# MINIATURE GOLF

## BIRTHDAY PARTIES & GROUP OUTINGS

### RESERVATION REQUEST

301-258-6350 ext 133

Fax: 301-948-8364

Reservations are not considered final until Reservation Request form and minimum payment are received and processed.

Once this is done you will receive a Confirmation and Rental Contract.

**Applicant/Organization Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Birthday Person's Name or Event Name:** \_\_\_\_\_

☐ **BIRTHDAY PARTY**

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Golf Package (# of guests) \_\_\_\_\_ x \$11 = \_\_\_\_\_

Golf Chaperones \_\_\_\_\_ x \$ 3 = \_\_\_\_\_

Golf & Water Park Package \_\_\_\_\_ x \$16 = \_\_\_\_\_

Water Park Chaperones \_\_\_\_\_ x \$ 5 = \_\_\_\_\_

☐ **GROUP RESERVATION**

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

One Round (# of guests) \_\_\_\_\_ x \$4 = \_\_\_\_\_

Unlimited Play \_\_\_\_\_ x \$6 = \_\_\_\_\_

Pavilion Use: ☐ Yes ☐ No \$25/hr (minimum 2 hrs)

Please check one: ☐ Par Pavilion (up to 20 people)

☐ Birdie Pavilion (up to 30 people)



**Applicant/Organization accepts responsibility to abide by all policies and procedures** posted at facilities and outlined in the Miniature Golf/Water Park reservation packets and understands the penalties associated with not abiding by these stipulations. In addition, the applicant agrees that by signing the application, the City of Gaithersburg is authorized to charge applicant's credit card and/or process checks and cash for specified fees.

The applicant furthermore agrees to indemnify and hold harmless the City and its agents against any and all losses, injuries or damages to any person or thing that shall arise from the applicant's use of the Miniature Golf Course or Water Park at Bohrer Park, Summit Hall Farm.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Visa/Master/Discover: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cardholder Name: \_\_\_\_\_